

Denti-Cal California Medi-Cal Dental Bulletin

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Training Seminars

Reserve your spot for one of our
training seminars.

Webinar
Basic & EDI/D460 - Dec. 5, 2013

Webinar
Basic & EDI/D461 - Dec. 13, 2013

Provider Enrollment Assistance Line

Speak with an Enrollment
Specialist. [Go here for more
information!](#)

Next available date:

Wednesday, December 18,
8 am - 4 pm.

New Feature for X-Ray Envelopes

Denti-Cal is pleased to announce the inclusion of a “Do Not Recycle” checkbox on X-Ray envelopes. Instead of placing a DC-020 “Do Not Recycle” sticker on the envelope, providers can simply place a mark in the checkbox if the included radiographs need to be returned. The “Do Not Recycle” checkboxes appear on the following X-Ray envelopes:

- ◆ DC-014E (Large X-Ray envelopes for EDI)
- ◆ DC-014F (Small X-Ray envelopes for EDI)
- ◆ DC-214A (Large X-Ray envelopes)
- ◆ DC-214B (Small X-Ray envelopes)

Providers can still use the previous versions of the X-Ray envelopes that do not have the new “Do Not Recycle” checkbox. To have the radiographs returned, providers must place a DC-020 “Do Not Recycle” sticker on the envelope and include a legible return address in the space provided.

Denti-Cal is encouraging providers to use up their existing stock of X-Ray envelopes before ordering more.

For more information about Denti-Cal inventory, please see “[Section 6 – Forms](#)” in the Provider Handbook or call the Denti-Cal Telephone Service Center at (800) 423-0507.

Reminder: New Aid Codes for the Affordable Care Act

The [Patient Protection and Affordable Care Act \(PPACA\) of 2010](#) as amended by the Health Care and Education Reconciliation Act of 2010 (collectively referred to as the Affordable Care Act [ACA]) makes numerous changes to the Medi-Cal program effective January 1, 2014.

In response to these changes, a number of aid codes have been created. Below are lists of the new codes and their effective dates.

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The following aid codes have an effective date of January 1, 2014:

Aid Code	Benefits	SOC	Program/Description
M1	Full-Scope	No	Pregnant Women 126-200 FPL Limited Scope Undoc
M2	Preg/Emerg	No	Adult 19 to 65 at or below 138% FPL Citiz/Lawful
M3	Full-Scope	No	Undoc Adult 19 to 65 at or below 138% FPL Restrict
M4	Preg/Emerg	No	Parents/Caretaker Relative Citizens 125% FPL
M5	Full-Scope	No	Parents/Caretaker Relative Undoc 125% FPL
M6	Preg/Emerg	No	Expansion Child 6-19 yrs 101-133% FPL Citizens
M7	Full-Scope	No	Expansion Child 6-19 yrs 101-133% FPL Undoc
M8	Preg/Emerg	No	Pregnant Women 0%-125% FPL: Citizen/Lawful
M8	Preg/Emerg	No	Pregnant Women 0%-125% FPL: Undocumented
M0	Preg/Emerg	No	Pregnant Women 126%-200% FPL Limited Citiz/Lawful
P1	Full-Scope	N	Children's Hospital Presumptive Eligibility
P2	Full-Scope	N	Parent-Caretaker Hospital Presumptive Eligibility
P3	Full-Scope	N	Adult Hospital Presumptive Eligibility
P4	Preg/Emerg	N	Pregnancy Hospital Presumptive Eligibility
P5	Full-Scope	N	ACA Child 6-19 Yrs 0-133% FPL Citizen
P6	Preg/Emerg	N	ACA Child 6-19 Yrs 0-133% FPL Undocumented
P7	Full-Scope	N	ACA Child 1-6 Yrs 0-133% FPL Citizen
P8	Preg/Emerg	N	ACA Child 1-6 Yrs 0-133% FPL Undocumented
P9	Full-Scope	N	ACA Infants 0-1 Yrs 0-200% FPL Citizen
P0	Preg/Emerg	N	ACA Infants 0-1 Yrs 0-200% FPL Undocumented
T1	Full-Scope	N	Medi-Cal TLIC Infant Undoc 201-250% FPL
T2	Full-Scope	N	Medi-Cal TLIC Ages 6-19 Citizen 151-250% FPL Prem
T3	Full-Scope	N	Medi-Cal TLIC Ages 6-19 Citizen 134-150% FPL
T4	Full-Scope	N	Medi-Cal TLIC Ages 1-6 Citizen 151-250% FPL Prem
T5	Full-Scope	N	Medi-Cal TLIC Ages 1-6 Citizen 134-150% FPL
T6	Preg/Emerg	N	Medi-Cal TLIC Infant Citizen 201-250% FPL
T7	Preg/Emerg	N	Medi-Cal TLIC Ages 6-19 Undoc 151-250% FPL Prem
T8	Preg/Emerg	N	Medi-Cal TLIC Ages 6-19 Undoc 134-150% FPL
T9	Preg/Emerg	N	Medi-Cal TLIC Ages 1-6 Undoc 151-250% FPL Prem
T0	Preg/Emerg	N	Medi-Cal TLIC Ages 1-6 Undoc 134-150% FPL Prem

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The following table lists the new, **non-dental** aid codes. These codes also have an effective date of **January 1, 2014**:

Aid Code	Benefits	SOC	Program/Description
X1	Non-Dental	N	Covered CA-Subsidized Coverage (250-400 FPL)
X2	Non-Dental	N	Covered California-Subsidized Cov 100-150 FPL)
X3	Non-Dental	N	Covered CA-Subsidized Coverage 151-200 FPL)
X4	Non-Dental	N	Covered CA-Subsidized Coverage 201-250 FPL)
X5	Non-Dental	N	Covered CA-Cost Sharing Waiver (100-300 FPL)
X6	Non-Dental	N	Covered CA-AI/AN CSR Only No Income Test
X7	Non-Dental	N	Covered CA-Unsubsidized Coverage (Above 400 FPL)
X8	Non-Dental	N	Covered CA-Lawful Present/MC ineligible <100% FPL
X9	Non-Dental	N	Covered CA-Narrow Bridge Program 200% FPL

Please check the Denti-Cal website often for other aid codes as they are issued.

For questions regarding these new aid codes or any other aid codes, please contact the Denti-Cal Telephone Service Center at 1-800-423-0507.

Revalidation of Denti-Cal Enrollment to Begin in 2014

Under the provisions of the Affordable Care Act, the Centers for Medicare and Medicaid Services (CMS) published new anti-fraud regulations in the Federal Register. Effective March 25, 2011, these regulations established new requirements for the enrollment and screening of Medicare, Medicaid, and Children's Health Insurance Program providers at the Federal and State levels.

Compliance with CMS Final Rule

The [Code of Federal Regulations, Title 42, Section 455.414](#) states:

The State Medicaid agency must revalidate the enrollment of all providers regardless of provider type at least every 5 years.

As a result, Denti-Cal must:

- Revalidate the enrollment of all active providers, regardless of the activation date, by March 25, 2016.
- Revalidate the enrollment of all active providers on an on-going basis every five years.

In 2014, Denti-Cal will begin the revalidation process. All providers will be required to submit a new enrollment application package in order to continue participating in the Denti-Cal program. The revalidation of enrollment will be implemented in phases. Providers will receive written notification prior to their revalidation due date.

Additional information will be provided in upcoming bulletins and provider seminars.

Please contact the Denti-Cal Telephone Service Center at 1-800-423-0507 for any additional questions regarding this topic.

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For Faster Denti-Cal Payments, Enroll in Direct Deposit Today!

Denti-Cal encourages providers to enroll in the direct deposit program. With direct deposit, Denti-Cal automatically deposits payments into a provider's designated savings or checking account, which means:

- ◆ No more lost or misdirected checks
- ◆ No more waiting for checks to arrive in the mail
- ◆ No more trips to the bank
- ◆ Payments are available faster

To participate in the program, providers must complete and sign the attached [Direct Deposit Enrollment Form](#). Providers can also obtain a form by calling the Telephone Service Center at (800) 423-0507, or by writing to Denti-Cal at this address:

Denti-Cal
Attn: Provider Enrollment Department
PO Box 15609
Sacramento, CA 95852-0609

The back of the form contains instructions for completing the Direct Deposit Enrollment Form. The Direct Deposit Enrollment Form must include the following:

- ◆ The provider's original signature (in [blue](#) ink)
- ◆ A preprinted, voided check attached to the form

Providers must mail the completed form and voided check to Denti-Cal at the address shown above.

Upon receipt of the Direct Deposit Enrollment Form, Denti-Cal sends a "test" deposit to the bank. This will result in a "zero" deposit for that payment date. The test cycle usually takes three to four weeks to complete. During the test cycle period, providers will continue to receive Denti-Cal payment checks through the mail.

The amount of each deposit will appear on the corresponding Explanation of Benefits once direct deposit begins.

More information about direct deposit can be found in "[Section 3: Enrollment Requirements](#)" of the Provider Handbook.

For questions, please contact the Denti-Cal Telephone Service Center at (800) 423-0507.